

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SHARON	68903	020600
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		71531	3.23.00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	11/7/02
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Claim	Date
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If more than 150 claims or 10 actions
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